Multiprofessional Team: Hematopoietic Stem Cell Transplantation in a Epidermolysis Bullosa Patient

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**BACKGROUND**

Epidermolysis Bullosa (EB) is a rare, non-contagious hereditary disease characterized by the formation of spontaneous blisters resulting from the extreme fragility of the skin and mucous membranes. The treatment is related to the control of symptoms and care of the injured areas, seeking to reduce the risk of infection, control pain and itching, prevent the appearance of new blisters and assist in the healing of wounds. Hematopoietic Stem Cell Transplantation (HSCT) is an innovative treatment that aims to improve the quality of life by reducing the time it takes to form blisters and ensuring better control of symptoms.

**METHODS**

A nurse was chosen as a leader, who studied about EB and visited to referenced centers. Her knowledge was multiplied to other team members - barriers were transposed. The assistance team was trained by her, concomitantly specific materials were bought. The pre-HSCT evaluation of the child / family had participation of all multiprofessional team members. Prior to admission, a meeting was held with institutional specialists involved in the care and support areas, in order to plan and ensure the necessary care at all stages of the TCTH.

**OBJECTIVES**

To describe the technical preparation actions of the multiprofessional team of a TCTH center that pioneered, on a national level, a child with recessive dystrophic EB.

**RESULTS**

Caring for the patient in question could take place in an aligned and assertive manner, with the team members constituting a cohesive support network. Thus, it was favored to build trust bonds between patient-team-family aiming at the quality of care and adherence to the team's guidelines. Discussion: The team's willingness to improve their knowledge about a treatment already practiced, but applied in an innovative way, is essential for the construction of practices aimed at the satisfaction and improvement of the clinical picture of the patient.

**CONCLUSION**

The complexity of the diagnosis and the process of HSCT indicated the need to integrate knowledge between the team, the patient and the family, being essential for patient-focused care, with quality and safety.